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QIS QUESTIONS AND ANSWERS

Several providers have asked questions about when the Certification Bureau will begin the new CMS survey process labeled QIS. Montana is scheduled to begin the process in Federal Fiscal Year 2014. As the Bureau itself is educated on the process, it will keep facilities apprised of any ways in which the new process will affect them.

LABORATORY TIPS FROM LSC

If a health care facility has a laboratory within it, life safety code surveyors will review the laboratory for various requirements. The laboratories involved are: all hospitals; nursing homes; in-patient hospice; and ambulatory surgical centers.

Life safety code deficiencies are referenced as a "K Tag" and here are some examples of each for laboratories in all the above facilities:

K029 or K031 These tags are based on the associated hazards of the chemicals used within the laboratory. The determining factor is related to the quantities of flammable, combustible or hazardous materials present.

K136 This tag is specific to the laboratory emergency procedures and includes items such as alarm actuation, evacuation, equipment shutdown procedures, and provision for control of emergencies.

K131 Emergency procedures for chemical spills.

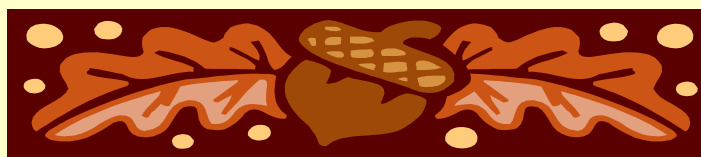
K132 Continued safety education and supervision shall be provided, incidents reviewed monthly, and procedures reviewed annually.

K133 Fume hoods must be checked and certified annually for proper operation. This can be done by qualified laboratory staff.

K134 Emergency Shower is required where the eyes or body of any person can be exposed to corrosive materials. Fixed emergency showers and/or eye baths within the work area must be installed.

K135 Flammable and combustible liquids accessed from and stored in approved containers shall be in accordance with NFPA 30 and 45. Storage cabinets shall be constructed in accordance with NFPA 30.

A recent article in "OSHA Bulletin" by the American Association of Physicians Offices and Laboratories, issued in July 2011, includes information that if corrosive chemicals are in use, an eyewash station is mandatory and the hand held squeeze bottles are not approved by OSHA. Examples of corrosive chemicals are: Acetic Acid (less than 10 %); any chemical with a pH less than 2 or greater than 12; and formaldehyde, hydrochloric acid, phenol, & some disinfectants. Check the MSDS sheets for the chemicals used in your laboratory.



SURVEY READINESS

The Certification Bureau supports long term care providers' efforts to prepare for survey by offering tips to expedite the survey process and a checklist of requested survey information. This information is on the Bureau's web site
<http://www.dphhs.mt.gov/qad/certindex.shtml>.

Many Montana health care providers are improving coordination of patient services through technology, such as electronic health records (EHR). Providing access for the surveyors to your electronic records is an additional area of preparation prior to survey.

In 2009, the Centers for Medicare and Medicaid Services published a memorandum (S & C – 09-53) regarding surveying facilities that use EHR. The memorandum outlined the provider's responsibility to grant unrestricted access to medical records. The memorandum included an obligation for the facility staff to (a) provide the surveyors with a tutorial on how to use its particular electronic system and (b) designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion. The facility must provide a terminal(s) where the surveyors may access records. In the case of a hospital or other provider or supplier with terminals at multiple care locations, surveyors must be provided access to a terminal at each care location.

A few points to consider prior to survey are password assignment for surveyors, designating an IT point person who can also provide a tutorial for the team, and identifying computer terminals where the surveyors can work.
http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09_53.pdf

COMPLAINT SUMMARY

At the 2011 Montana Health Care Association MHCA Annual Meeting in Billings, a provider asked about the number of complaints that result in deficiency citations. The following is a summary of what our research found for Long Term Care Facilities.

A total of 60 complaints were investigated in Federal Fiscal Year (FFY) 2011, resulting in 29 deficiencies cited. This reflects about 50% substantiation of allegations filed. These complaints were filed at 18 of the 84 certified long term care facilities in the Montana. This review does not include swing bed data. A percentage of the scope and severity of those deficiencies written as a result of a complaint allegation and subsequent investigation can be seen in Figure 1.

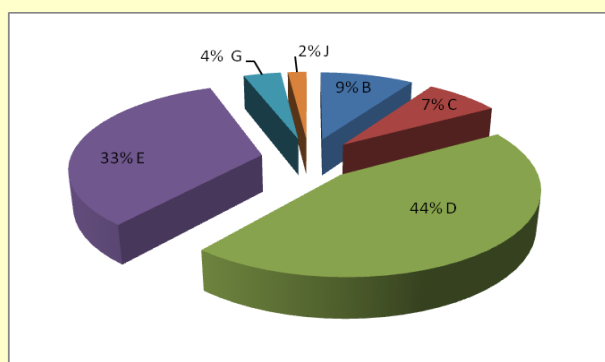


Figure 1 Percentage of Scope and Severity Written for Complaints Filed

Among the deficiencies cited, seven were also in the Top Ten Deficiencies cited in FFY 2011. These deficiencies were F281, F371, F514, F441, F323, F329, and F225. The most frequently occurring (64%) involve resident care: ADL care, nursing assessment, staffing, infection control, medication, abuse/accidents, and standards of practice. The percentage and areas cited are listed in Figure 2.

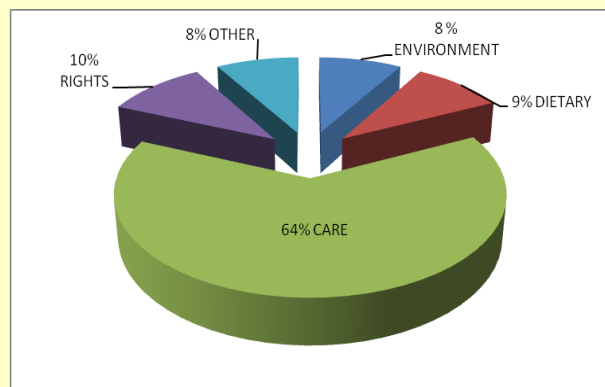


Figure 2 Percentage of Main Areas of Complaint Deficiencies Cited

SURGE PROTECTORS IN HEALTH CARE FACILITIES

The most frequently cited life safety code deficiency for the nation and Montana is K147. This tag concerns electrical issues such as blocking of electrical panels, use of extension cords, failure of GFCIs for tubs, and the incorrect use of surge protectors. Here are some practices to keep in mind when utilizing surge protectors.

- Obtain power strips that are UL, FM listed devices with a built in circuit breaker
- Do not use them for large appliances such as refrigerators, microwaves, soda machines, etc.
- Do not run them through door ways
- Do not plug life saving devices into them which includes oxygen concentrator
- Use one of sufficient length so that it does not hang off the floor ;it can be mounted to a desk or office furniture

As always if you have questions, call the Certification Bureau at 406-444-2099.

S&Cs – What Are They?

Providers frequently hear surveyors and other Bureau staff refers to S&Cs. Surveyors carry copies of them and refers providers to them regarding certain specific issues. But what are they?

S&Cs (Survey and Certification Memos) are CMS documents that clarify regulations and provide additional guidance. They cover a variety of topics and provider types; typically, at least one is issued weekly. You can access them on the CMS website at <https://www.cms.gov/SurveyCertificationGenInfo/PMSR/ist.asp>. The site has sort and search features that allow you to find information quickly.

If you would like to receive S&Cs from the Certification Bureau as we receive them, reply to this email and we will place your email address(es) on another list and forward them to you as we receive them.

HOLIDAY DECORATIONS REMINDER

During the holiday season, facility staff should consider the guidance provided on the "Provider Holiday Memo" found on the Quality Assurance Division web site at <http://www.dphhs.mt.gov/qad/certindex.shtml>. This memo provides guidance related to seasonal decorations such as Christmas trees, wreaths, etc. If you have questions contact the Certification Bureau at 406-444-2099.

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